## Massachusetts Firefighting Academy ~ Registration Department P.O. Box 1025 ~ State Road, Stow, Massachusetts 01775 (978) 567-3200 Fax: (978) 567-3229

## REQUEST FOR STUDENT RECORDS

Please complete this form and mail to the address listed above together with your check, money order, or bank draft in the amount of \$10.00 made payable to "MFA Trust Fund" (no cash accepted). Our staff will research your student records and provide you with a letter attesting to courses you have taken with the Academy. The letter will be mailed to you at your home address. You may request the original letter be sent to another individual or address provided you have signed the attached waiver. Please provide as much information as you can to aid in the research process. Note: The MFA database only holds records from late 1999 to present. Any courses taken prior to this will require additional time to research the files. You will need to furnish us with the course title, location and approximate date of classes taken before 1999. In order to ensure security, you must provide a photocopy of your license or other official photo identification to obtain your records.

STUDENT INFORMATION:		
LAST 4 DIGITS SS #. or STUDENT ID #:	PHON	E NUMBER:
	.	
LAST NAME, FIRST NAME, MIDDLE INITIAL:		
MAILING ADDRESS:		
CITY	STATE	ZIP CODE:
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		D. (1)
Program Title	Location	Dates of Program
STUDENT SIGNATURE: DATE:		
MAIL LETTED TO: (LISE ADDITIONAL SHEETS IF NEEDED ATTACHED WAIVED MUST BE SIGNED)		
MAIL LETTER TO: ( <u>USE ADDITIONAL SHEETS IF NEEDED, ATTACHED WAIVER MUST BE SIGNED</u> )		
LAST NAME, FIRST NAME, MIDDLE INITIAL:		
MAILING ADDRESS:		
	_ _ _ _	
CITY	STATE	ZIP CODE:

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June 2009

## WAIVER FOR REQUEST FOR STUDENT RECORDS

l,	, d o hereby authorize the	
disclosure and/or release of any or all of my requested records, or any part thereof to be sent to the		
previously named individual/organization at the ac	ddress provided. This consent is given whether the	
said records are public, private, or confidential in r	nature.	
I agree to indemnify and hold harmless th	e Commonwealth of Massachusetts, Department of	
Fire Services, its agents and employees from and	against all claims, damages, losses, and expenses	
including all reasonable attorneys' fees arising out of or by reason of complying with this request.		
STUDENT SIGNATURE:		
ADDRESS:		

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